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# Silver State Health Insurance Exchange

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## **ADVISORY COMMITTEE RECOMMENDATION** **PENDING BOARD APPROVAL**

UPDATED  
MARCH 27, 2014

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### **PURPOSE**

This document provides a single location in which to find all advisory committee recommendations that are pending the Board's approval. To see a list of policy decisions that have been approved by the Board, see: [Advisory Committee Recommendations Approved by the Board](#).

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### **CONTENTS**

PURPOSE .....	1
CONTENTS .....	1
BACKGROUND.....	1
SUMMARY OF RECOMMENDATIONS PENDING BOARD APPROVAL.....	2
RECOMMENDATIONS PENDING BOARD APPROVAL .....	3
FINANCE AND SUSTAINABILITY .....	3
PLAN CERTIFICATION AND MANAGEMENT .....	3
CONSUMER ASSISTANCE.....	3
RECOMMENDATION 8: ROLES AND RESPONSIBILITIES OF EXCHANGE ENROLLMENT FACILITATORS BETWEEN EXCHANGE OPEN ENROLLMENT PERIODS.....	3
SMALL BUSINESS HEALTH OPTIONS PROGRAM (SHOP) EXCHANGE.....	6
REINSURANCE AND RISK ADJUSTMENT .....	6

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### **BACKGROUND**

The [Patient Protection and Affordable Care Act](#) and the [Health Care and Education Reconciliation Act of 2010](#) (together referred to as the Affordable Care Act or ACA) requires the

Advisory Committee Recommendations Pending Board Approval  
March 27, 2014

Exchange consult with stakeholders relevant to carrying out the activities of the Exchange<sup>1</sup>. On January 12, 2012, consistent with [NRS 695I.350](#), the Silver State Health Insurance Exchange Board created the following five advisory committees:

- Finance & Sustainability - Responsible for studying the different financing options that are available to the Exchange and providing recommendations to the Board for making decisions to ensure the Exchange is self-sustaining by January 1, 2015.
- Plan Certification & Management - Charged with determining the extent to which the structure of the Exchange and the types of Qualified Health Plans (QHP) available will allow consumers to choose from a broad set of QHPs and make informed decisions based on a clear understanding of their health coverage options. The Committee will address issuer monitoring and oversight, account management, outreach and training, certification, recertification and decertification and selection of Nevada's Essential Health Benefits package.
- Consumer Assistance - Will develop a multi-pronged outreach, education, and enrollment program that is coordinated with various state agencies and includes a website, a customer service unit and a call center to help people with the eligibility and enrollment process. The Committee will determine the responsibilities of Navigators and Brokers in the education and enrollment processes.
- Small Business Health Options Program (SHOP) Exchange - Charged with creating a market place for employers to compare health plans and select insurance options for their employees. The Committee must determine the type of employer/employee choice model, whether QHPs offered in the SHOP Exchange will be similar or the same as QHPs in the individual market and minimum employer contribution and employee participation rates.
- Reinsurance & Risk Adjustment - Responsible for determining whether the state should run the temporary reinsurance and permanent risk adjustment programs, or cede operations to the Federal Government. If the state runs the program, the Committee must decide which agency should run the programs and what models/rates to use.

Since the first advisory committee meetings were held on March 9, 2012, a number of recommendations have been forwarded to the Board for approval. The work of the committees is ongoing. This document provides a single location in which to find all advisory committee recommendations that have yet to be approved by the Board. To see a list of policy decisions that have been approved by the Board, see: [Advisory Committee Recommendations Approved by the Board](#).

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**SUMMARY OF RECOMMENDATIONS PENDING BOARD APPROVAL**

Recommendation numbers continue from those recommendations already approved by the Board.

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<sup>1</sup> ACA Section 1311(d)(6)

Advisory Committee Recommendations Pending Board Approval  
March 27, 2014

- A. Finance and Sustainability
  - None -
- B. Plan Certification and Management
  - None -
- C. Consumer Assistance
  - Recommend the Board approve the top three performing EEF grantees for continuation of grants through the next open enrollment period.
- D. Small Business Health Options Program (SHOP) Exchange
  - None -
- E. Reinsurance and Risk Adjustment
  - None -

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**RECOMMENDATIONS PENDING BOARD APPROVAL**

**FINANCE AND SUSTAINABILITY**

None.

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**PLAN CERTIFICATION AND MANAGEMENT**

None.

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**CONSUMER ASSISTANCE**

*RECOMMENDATION 9: THE BOARD APPROVE THE TOP THREE PERFORMING EEF GRANTEES FOR CONTINUATION OF GRANTS THROUGH THE NEXT OPEN ENROLLMENT.*

[45 CFR §155.210\(e\)](#) outlines the duties of a Navigator:

An entity that serves as a Navigator must carry out at least the following duties:

1. Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Exchange;
2. Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health programs;
3. Facilitate selection of a QHP;
4. Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the PHS Act, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and

Advisory Committee Recommendations Pending Board Approval  
March 27, 2014

5. Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

[NRS 695J.050](#) defines an Exchange Enrollment Facilitator (EEF): “Exchange enrollment facilitator” means a person certified pursuant to this chapter who is engaged in the business of facilitating enrollment in qualified health plans offered by the Exchange. Therefore, all Navigators, Enrollment Assistants, and Certified Application Counselors (CAC) are fit the title of Exchange Enrollment Facilitator.

[NRS 695J.220](#) outlines the responsibilities of EEFs:

1. Serve with objectivity and complete loyalty the interests of his or her client; and
2. Render to his or her client information, counsel and service which, to the best of the exchange enrollment facilitator’s knowledge, understanding and opinion, best serves the client’s insurance needs and interests.

The Consumer Advisory Committee met on March 20, 2014 to discuss the continuation of grants for the Exchange’s EEF Program. All members agreed that there was a need to continue this program for the following reasons:

1. EEFs will be able to enroll individuals during special enrollment periods.
2. EEFs will be able to enroll small businesses all year long as their plan years are dependent upon the first effective date of coverage versus the individual market’s January through December ACA mandated plan year.
3. Losing EEFs in-between open enrollment periods would create a need for newly trained and inexperienced EEFs to facilitate enrollment during the next open enrollment period.

The Committee evaluated the performance of all EEF grantees and recommended the continuation of grant funds for the top three performing entities:

1. CARE
2. Ramirez Group
3. Nevada Primary Care Association (formerly Great Basin Primary Care Association)

These three entities have enrolled over 6,500 individuals and educated almost 50,000 Nevadans during the open enrollment period through February 2014.

*CURRENT NAVIGATOR PROGRAM ANALYSIS*

Based on the design of the Request for Application (RFA) and the grant agreements developed, approved, and signed, 6 grantees agreed to meet a level of planned enrollment. Between October 2013 and January 2014, the following enrollments were reported:

Grantee	Planned Enrollment	Actual Enrollment (through Jan 2014)	Difference
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Advisory Committee Recommendations Pending Board Approval  
March 27, 2014

Inter-Tribal Council of Nevada	6,684	0	-6,684
Ramirez Group	25,530	2,313	-23,217
Great Basin Primary Care	8,128	849	-7,279
CARE	9,000	2,353	-6,647
East Valley Family Services	3,000	216	-2,784
Latin Chamber of Commerce	4,750	173	-4,577
<b>TOTAL</b>	<b>57,092</b>	<b>5,904</b>	<b>-51,188</b>

The decision was made at the onset of the Navigator program to develop grants that paid navigators and enrollment assisters based on time and effort versus a direct payment for each enrollment. Additionally, the Exchange and each grantee negotiated and agreed upon a set of performance metrics, planned enrollment figures, and a corresponding budget. The planned cost per enrollment was the following:

<b>Grantee</b>	<b>Planned Enrollment</b>	<b>Total Award</b>	<b>Cost/ Enrollment</b>
Inter-Tribal Council of Nevada	6,684	\$276,085	\$41.31
Ramirez Group	25,530	\$1,027,665	\$40.25
Great Basin Primary Care	8,128	\$366,528	\$45.09
CARE	9,000	\$268,847	\$29.87
East Valley Family Services	3,000	\$158,996	\$53.00
Latin Chamber of Commerce	4,750	\$270,299	\$56.91
<b>TOTAL</b>	<b>57,092</b>	<b>\$2,368,420</b>	<b>\$42.25</b>

Through January 2014, the Exchange has disbursed approximately \$1.2 million dollars to the grantees which includes startup costs, training and certification costs, as well as specific outreach requirements built into each grant for events and workshops to market the Exchange and provide information on the Affordable Care Act (ACA).

Although the total enrollment figures look low, difficulties with Nevada Health Link's web portal have been a **major factor** in the lack of enrollments by grantees.

#### *EEF PROGRAM RESULTS*

With all this in mind, the following figures represent the results of the EEF Program through January 2014. Although it is now March, February reimbursement requests have not all been submitted so January was the last full month for funding and enrollment available:

<b>Grantee</b>	<b>Planned Enrollment</b>	<b>Total Award</b>	<b>Planned Cost/</b>	<b>Actual Enrollment</b>	<b>Expended (thru Jan)</b>	<b>Actual Cost /</b>
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Advisory Committee Recommendations Pending Board Approval  
March 27, 2014

			Enrollment	(thru Jan)		Enrollment
Inter-Tribal Council of Nevada	6,684	\$276,085	\$41.31	0	\$0	\$0
Ramirez Group	25,530	\$1,027,665	\$40.25	2,313	\$557,040	\$240.83
Great Basin Primary Care	8,128	\$366,528	\$45.09	849	\$145,865	\$171.81
CARE	9,000	\$268,847	\$29.87	2,353	\$205,936	\$87.52
East Valley Family Services	3,000	\$158,996	\$53.00	216	\$78,537	\$363.60
Latin Chamber of Commerce	4,750	\$270,299	\$56.91	173	\$186,779	\$1,079.65
<b>TOTAL</b>	<b>57,092</b>	<b>\$2,368,420</b>	<b>\$42.25</b>	<b>5,904</b>		

*EEF STAFFING LEVELS*

Five of the six awarded entities hired staff and performed duties in accordance with their grant awards. The following is the total planned Full Time Equivalents (FTEs) associated with these entities and their current FTE levels as of March 11.

Grantee	FTEs Planned	FTEs Current
Ramirez Group	36.00	36
Great Basin Primary Care	9.00	9
CARE	11.00	8
East Valley Family Services	5.25	4
Latin Chamber of Commerce	8.00	4
<b>TOTAL</b>	<b>69.25</b>	<b>61</b>

Recommendation:

Recommend the Board approve the top three performing EEF grantees for continuation of grants through the next open enrollment period.

**SMALL BUSINESS HEALTH OPTIONS PROGRAM (SHOP) EXCHANGE**

None.

**REINSURANCE AND RISK ADJUSTMENT**

Advisory Committee Recommendations Pending Board Approval  
March 27, 2014

None.